



City of Seattle
Department of Planning and Development
700 Fifth Avenue, Suite 2000, P.O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850



DPD Project Number

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Project Questionnaire

Tracking No.: _____

Staff Initials: _____

Date: _____

SECTION I

(All fields are required and must be completed by the Applicant)

1. SITE INFORMATION: *To be completed by the Applicant*

- Project Address (include zip code): _____
- For an existing building, list commonly known name or DPD Building Identifier(s): _____
- For a specific floor, list Floor Number: _____
- King County Assessor's Parcel Number(s): _____
King County Assessor's Office (206) 296-7300

• Provide the complete legal description. *Attach additional sheets, as necessary.*

• Estimated Project Valuation:

\$

2. APPLICANT INFORMATION: *To be completed by the Applicant*

- Primary Contact Name: _____
- Contact Company Name: _____
- Contact Street Address: _____
- Contact City, State: _____ Contact Zip Code: _____
- Contact Phone No.: _____ Contact Fax No.: _____
- E-mail Address: _____
- Frequent User Number-FUN (*optional*): _____
- If primary contact is not available:
 - Secondary Contact Name: _____
 - Secondary Contact Phone No.: _____

4. PROJECT QUESTIONS OR ISSUES (continued): *To be completed by the Applicant. (Attach additional sheets, as necessary).*

Accuracy of information and clear presentation of the issues will help expedite the decision making process.

• **Other Department** questions or issues.

Questions for other departments may include issues regarding: City Light, Fire, Neighborhoods, Parks and Recreation, Public Utilities (Solid Waste, Drainage and Waste Water, Water Availability), Transportation (Street Improvements, Street Use), Plumbing. Include any code alternates or code interpretations that you intend to request.

5. PROJECT DETAILS: *To be completed by the Applicant*

Please answer the following questions about your project.

If additional space is required, please include your responses in the project description or as part of an attachment.

1. Is the project for construction of a new building?	<input type="checkbox"/> Yes. Please indicate the proposed occupancy per the Building code and the proposed use per the Land Use code: _____		<input type="checkbox"/> No
	Please indicate the total number of buildings on site, including existing buildings: _____		
2. Is the project an addition or alteration to an existing building?	<input type="checkbox"/> Yes. a. Please indicate the proposed occupancy per the Building code and the proposed use per the Land Use code: _____ b. Is this a substantial alteration per Chapter 34 of the Building code (see CAM 314)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		<input type="checkbox"/> No
3. Is this a high rise or atrium project as defined in the Building code?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
4. Please specify the following building characteristics:	a. Proposed number of stories:		
	b. Proposed number of basements:		
	c. Proposed height:		
	d. Type of construction per the Building code:		
	e. Number of dwelling units, if any:	Proposed:	Existing:
	f. Gross floor area per Land Use code (square footage):	Proposed:	Existing:

5. PROJECT DETAILS (continued): *To be completed by the Applicant*

4. Please specify the following building characteristics (continued):	g. Number of parking spaces:	Proposed:	Existing:
	h. Location of proposed parking spaces: (<i>check all that apply</i>)	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site <input type="checkbox"/> Surface <input type="checkbox"/> Inside building	
	i. Age of the building, if existing:	<input type="checkbox"/> Less than or equal to 50 yrs <input type="checkbox"/> Greater than 50 yrs <input type="checkbox"/> Not sure	
	j. Is the building ten feet or less from high voltage wires?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	k. Will its occupancy involve the use/storage of hazardous material?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	l. Will its occupancy involve high pile storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Please specify the following site characteristics:	a. Streets adjacent to the site currently has: (<i>check all that apply</i>)	<input type="checkbox"/> Curb <input type="checkbox"/> Street trees <input type="checkbox"/> Gutter <input type="checkbox"/> Sidewalk <input type="checkbox"/> Utility poles <input type="checkbox"/> 6" or greater water main <input type="checkbox"/> Paved roadway. Provide approximate width:	
	b. If there is an alley, the alley is/contains:	<input type="checkbox"/> Paved <input type="checkbox"/> Graveled <input type="checkbox"/> Unimproved <input type="checkbox"/> Utility poles <input type="checkbox"/> Not sure	
	c. Project requires shoring adjacent to the property line along a:	<input type="checkbox"/> Right of way <input type="checkbox"/> Private property <input type="checkbox"/> Public property <input type="checkbox"/> Not sure	
6. Does the project include grading or other site development?	<input type="checkbox"/> Yes, _____ <i>Cut</i> _____ <i>Fill</i> <i>Please indicate the estimated cubic yards of:</i> _____ <i>Import</i> _____ <i>Export</i>		<input type="checkbox"/> No <input type="checkbox"/> Not sure
7. Is this project a platting action or will this project include a platting action in the future?	<input type="checkbox"/> Yes (<i>For example, lot boundary adjustments, unit lot subdivision, short plat, full subdivision</i>) Please indicate the total number of proposed lots: _____		<input type="checkbox"/> No <input type="checkbox"/> Not sure
8. Is this development on a parcel of land that was part of a short plat?	<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Not sure
9. Will the development intend to locate detention in the public right of way?	<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Not sure
10. Will the building tenants or uses discharge more than 1000 gallons of water in a 24-hour period?	<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Not sure
11. Do you have any other applications related to this project?	<input type="checkbox"/> Yes. <i>Please provide project number(s) :</i> _____ _____		<input type="checkbox"/> No



SECTION II
(To be completed by DPD Staff)

The following section is for DPD Staff use only.

ADDITIONAL PROJECT DETAILS:

Initials	Date		
		1. Does the project appear to be a substantial alteration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2a. Is the property a City of Seattle landmark or located in a landmark special review district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2b. Does the property qualify as a designated City of Seattle landmark?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2c. Is the property across the street from or adjacent to a City of Seattle landmark?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3. Adjacent/abutting to a park or boulevard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4. Is the project site located at the end of a street or does it require a street to be extended to reach it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		5. Zone/Overlay:	
		6. GIS Map Number:	
		7. Potential MUP Components:	
		8a. Description of ECA: (check all that apply)	<input type="checkbox"/> Known landslide areas <input type="checkbox"/> Potential landslide areas <input type="checkbox"/> Steep slopes of 40% average slope or greater as defined by the Director <input type="checkbox"/> Liquefaction-prone areas <input type="checkbox"/> Flood-prone areas <input type="checkbox"/> Riparian corridors <input type="checkbox"/> Wetlands <input type="checkbox"/> Fish and wildlife habitat conservation areas <input type="checkbox"/> Abandoned landfills
		8b. If you have checked one of the above, please determine the following:	<input type="checkbox"/> Project involves >750 sq ft of land disturbance. The street improvements are: <input type="checkbox"/> Private <input type="checkbox"/> Right of way <input type="checkbox"/> Both
		9. Are there any active violations on the project?	<input type="checkbox"/> Yes, case number: _____ <input type="checkbox"/> No
		10. List any identified corrections or clarifications on applicant provided information (Section I):	

SECTION III
(To be completed by the Application Facilitator)

The following section is for DPD Staff use only.

Check all that apply:

	Department	Notification of a Referral:	Notification to Participate in Coordination:	Notification of a PS Conference:
1.	DoN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	DPD – Code Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	DPD – Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	DPD – Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	DPD – Energy/Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	DPD – Fish Biologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	DPD – Land Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	DPD – Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	DPD - Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	DPD – Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Health – Food and Facilities Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Health - Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Parks and Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	SCL – North of Denny Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	SCL – South of Denny Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	SDOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	SPU – Drainage/Waste Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	SPU – Solid Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	SPU – Water Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<i>New Department Area (not listed):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Name (First Last):

Department:

Type of pre-submittal conference, if required:

- ☐ Land Use Only
- ☐ Construction Only
- ☐ Primarily Land Use with a few Construction questions
- ☐ Primarily Construction with a few Land Use questions
- ☐ Equal parts Construction and Land Use